ANNUAL REPORT

Progress Notes

Fall, 1984 *Published quarterly by the Missouri Department of Mental Health*

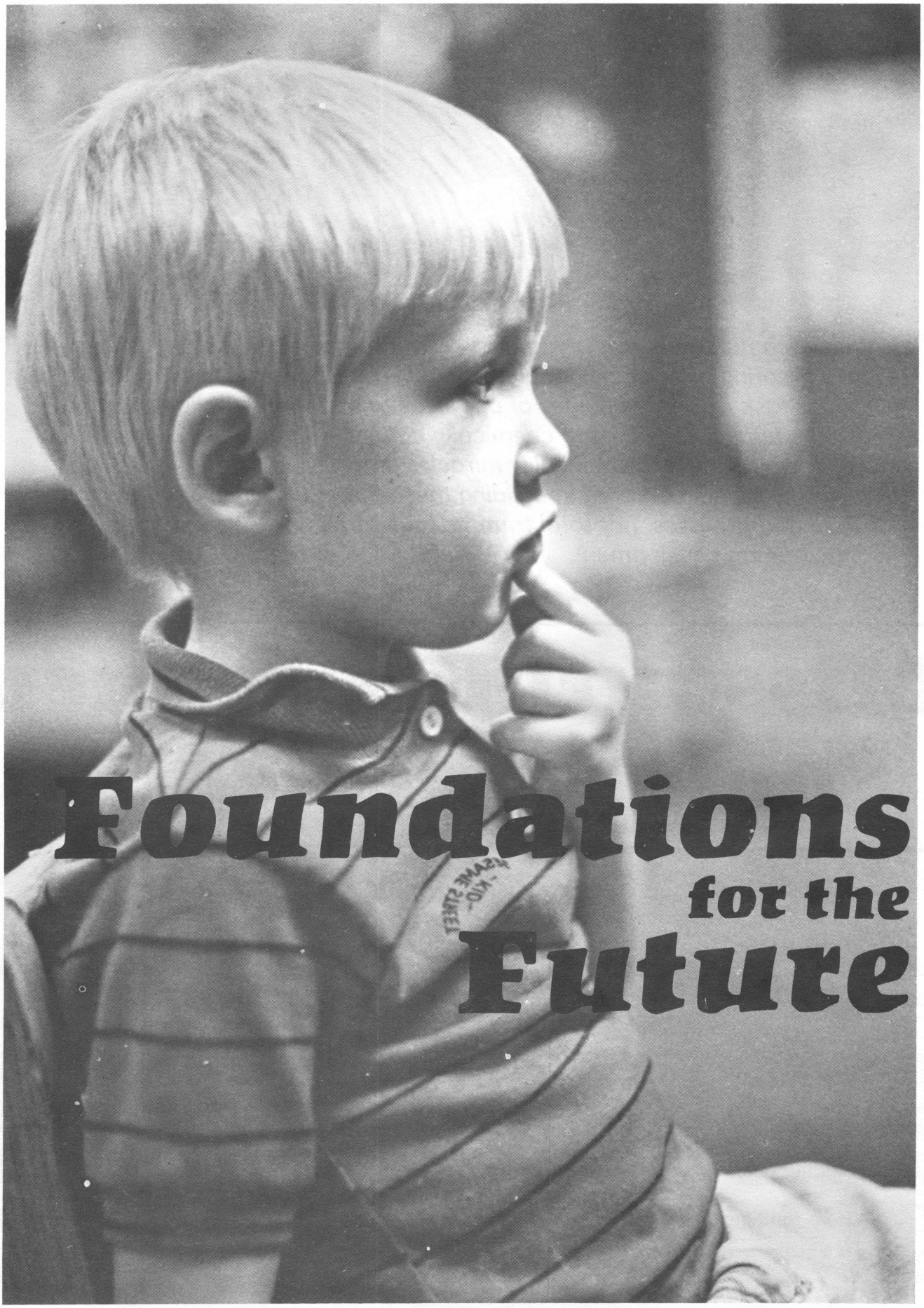
Foundations for the Future

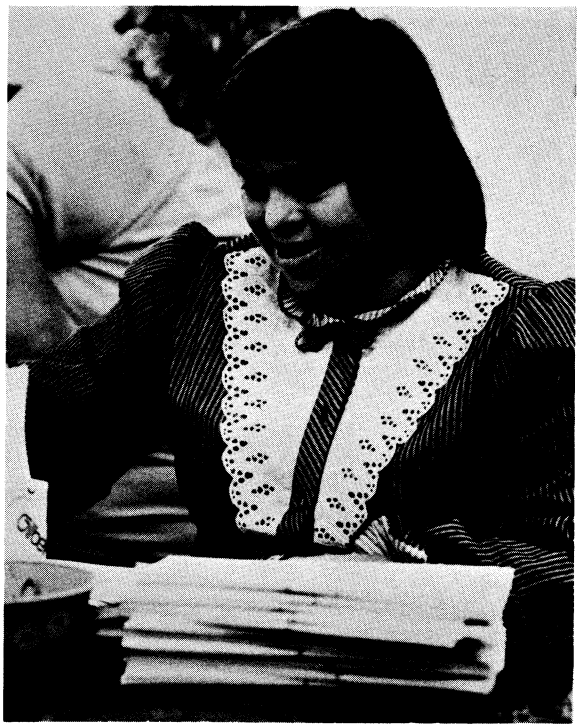
Progress Notes is published quarterly by the Office of Public Affairs of the Missouri Department of Mental Health, P.O. Box 687, 2002 Missouri Boulevard, Jefferson City, Missouri, 65102. -dms-

Within each human being, favored or disfavored by birth and circumstance, lies a wellspring of potential. Only lack of vision and understanding limit this gift. Our task is to open planes of opportunity so that mentally disturbed, developmentally disabled and chemically dependent persons may better discover and pursue their singular miracles of life. Surely failure and frustration are encountered in building these more fulfulling vistas. Yet the struggle and progress, not total triumph and perfection, mark the pathway of healthy human development.

Missouri Department of Mental Health

	FY 1983	FY 1984
Clients served	88,582	91,902
State funding (millions)	$216.0	$226.2
Total funding (millions)	$239.6	$250.2
Collections (millions)	$ 57.4	$ 63.4
Employees	10,209	10,563


Foundations
for the
Future



The Missouri Department of Mental Health made the transition from retrenchment to renewal in fiscal 1984.

The state could afford to underwrite few new programs or appreciably expand services during the year. A mid-year budget reduction of $5.3 million forced the agency to deny services to an estimated 2,700 new clients needing psychiatric, developmental and chemical dependency services.

Yet, amid those frustrations, the orientation changed.

The easing of the state's economic difficulties in fiscal 1984 allowed department officials to begin contemplating service and personnel improvements, with the aid of a sympathetic governor and General Assembly.

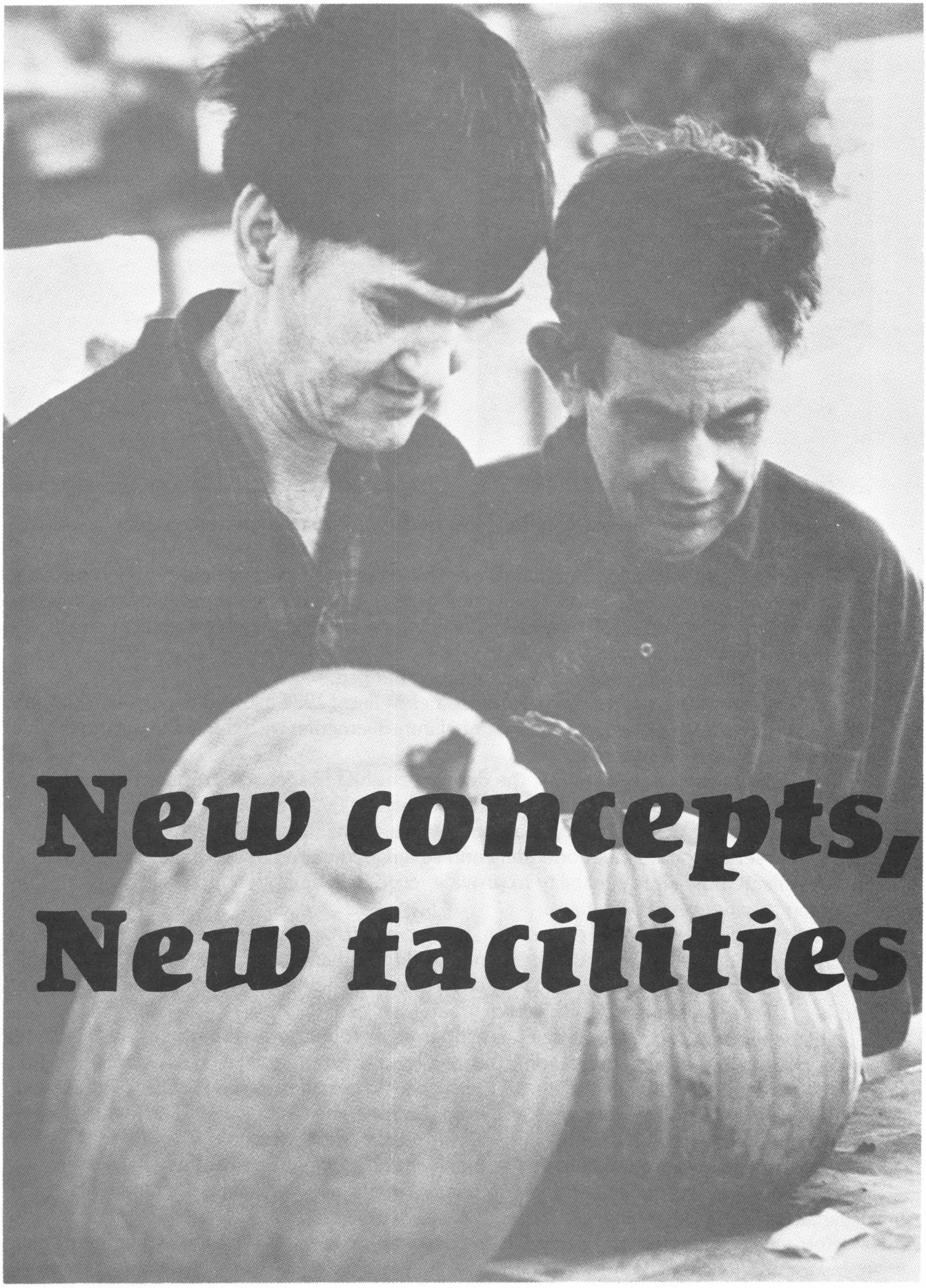
During the previous three years, the department had absorbed $47 million in appropriations reductions and eliminated more than 2,000 jobs as state agencies accommodated the effects of recession on tax collections. Increased admissions criteria had denied services to many moderately and severely impaired Missourians. Employees' morale reflected the state's inability to provide more than small, if any, raises despite continuing cost-of-living pressures.

When the year ended, the department was poised to implement long-delayed programs for children and youth, especially the mentally disturbed and chemically dependent. Funds became available for new, efficient facilities to treat the mentally ill of southeast Missouri and help the developmentally disabled of greater St. Louis.

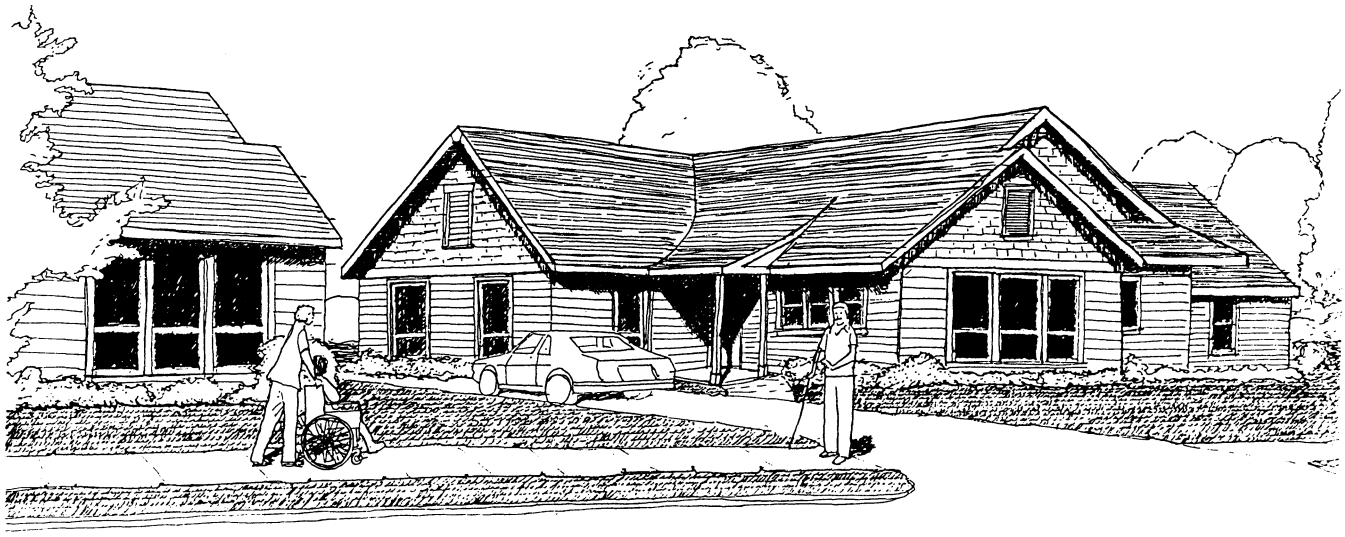
The department obtained resources to open its first unit to treat persons dually afflicted by psychiatric and developmental difficulties. Great Rivers Mental Health Services began operations as the first free-standing, state psychiatric facility to serve St. Louis Countians.

Relief finally came for state workers, from the rank and file upward. The legislature funded the first significant cost-of-living raise for state employees in four years. The department gained tools to staunch the "brain drain" of treatment professionals with approval of a new career ladder and compensation package for doctors, including psychiatrists, and psychologists.

Retrenchment apparently behind it, the department in fiscal 1984 took the opportunity to lay foundations for the future.



New concepts, New facilities



Habilitation Units for the
Mentally Retarded and Developmentally Disabled

The days long have passed since society had few qualms about providing little more than domiciliary care for mentally ill and mentally retarded persons in large public institutions. Yet, in many instances, the Department of Mental Health was still trying to provide enlightened services in antiquated institutional settings.

With strong legislative and public support, the department began making strides toward modern physical plants to serve the mentally handicapped during fiscal 1984. Just as importantly, innovations in service delivery helped make care more individualized and less stigmatic.

A new Farmington center

A new $12.3 million psychiatric center emerged from a legislative compromise that will allow the overcrowded state corrections system to occupy most of the mental hospital complex in Farmington.

Scheduled to open in late 1986 is a 170-bed, state-of-the-art center that includes five psychiatric group homes — the first such state-operated facilities. The new structure will replace Farmington State Hospital, which opened in 1902. Those buildings and grounds eventually will house 1,100 medium-security inmates.

The Farmington conversion plan grew from a 1982 report, initiated by the Mental Health Commission, that identified the hospital as among the most cost-effective to close in the state. The underutilization of the complex reflects national trends toward community-based, least-restrictive treatment: the hospital averaged a daily count of 289 residents in fiscal 1984, compared to a high of more than 2,000 in the early 1960s.

The conversion, too, should permit the department to increase access to acute hospital care as well as vastly expand services to mentally disturbed inmates and criminally committed patients.

The commission will seek funds for fiscal 1987 to contract with community mental health centers and/or general hospitals for 30 acute psychiatric beds across the 31-county region now served by Farmington.

Along with transfers of patients to St. Louis State Hospital, the community contracts will compensate for the reduction of Farmington's capacity. Residents of such large communities as Cape Girardeau, Poplar Bluff and Rolla — far from Farmington — also could gain more ready access to public psychiatric inpatient care. Clinicians have concluded that, especially for acute care lasting less than one month, patients should receive treatment as close as possible to their homes, family and friends.

The legislative compromise also provides for a 200-bed residential treatment center for inmates within the new Farmington prison. Inmates who need mental health care more intensive than medication and occasional

counseling have few alternatives now except the Missouri State Penitentiary hospital's 30-bed psychiatric unit.

Tentative plans call for the Department of Corrections to administer the residential treatment center, but the Department of Mental Health would provide professional staff under contract.

Under the Farmington design, the department also will open an 89-bed center there for forensic clients, who have been judged by criminal courts as incompetent to stand trial or not guilty by reason of mental disease or defect.

A promise finally fulfilled

The 1984 capital improvements package also made good on the long-standing promise to clients, parents and advocates that the state would remove the remaining developmentally disabled persons from the St. Louis State Hospital campus.

Department policy generally has provided for the care of mentally ill and developmentally disabled persons on separate sites in recognition of their substantially different — but often publicly confused — needs.

The department had opened St. Louis Developmental Disabilities Treatment Center on the hospital campus in 1974 as a temporary measure after several community facilities closed precipitously. The census eventually grew to 300 persons, housed in inadequate quarters without sufficient program space.

The department began the transfer off the campus in early 1983 when it opened the 46-bed Midtown Habilitation Center in St. Louis and the 72-bed South County Habilitation Center in Lemay. Midtown cares for developmentally disabled persons with severe physical problems, and South County serves more mobile clients who are likely to move into the community after living in that group home complex.

The General Assembly made $12.4 million available during the 1984 session to erect two more complexes similar to South County in the greater St. Louis area as well as five scattered community group homes. The two 80-bed centers, scheduled for completion in 1986, will feature 10 group homes clustered around a central administrative and activity center.

Unlike the quarters at the state hospital, the new habilitation centers will qualify fully for federal reimbursements under the Medicaid intermediate-care program for the mentally retarded.

For clients, the move permits living in a far more normalizing environment than a hospital ward. Although no formal studies have been completed, South County staff already have observed signs that clients are progressing more quickly to life skills levels needed for community living.

A capital idea for funding

A single 1985 budget item of $322,000 portends a major revision of how the department — and other state agencies — acquire new facilities.

Inserted largely at the prodding of legislative leaders, the sum should cover the department's initial costs for leasing two new developmental disabilities centers in southeast Missouri, built by private investors. The proposal, successful in Colorado and a handful of other states, would provide for the department to take ownership of the facilities after 20 years of lease payments.

The lease-purchase plan would overcome two significant difficulties. The regular mechanism for state capital improvements requires substantial upfront investment — millions of dollars in this case — that hasn't been available in recent years. Normal state capital improvements procedures also require a lengthy time lag before occupancy to meet a series of legal bidding and other requirements. Unencumbered by those statutes, private investors could make the building available in a matter of weeks, not years.

Southeast Missouri now has no long-term residential programs. More than 100 area clients needing those services generally have been admitted to Nevada, Marshall or Higginsville habilitation centers, all more than 200 miles away; the distance poses a serious obstacle for maintaining contact with family and friends.

The pending plan provides for building group-home complexes to serve up to 96 clients. The department proposal calls for constructing seven eight-bed group homes on the grounds of Poplar Bluff Regional Center and five such structures at Sikeston Regional Center. The centers' main buildings will become program and office space.

When completed, the facilities would function much as the new, decentralized units of St. Louis Developmental Disabilities Treatment Center.

The young people at Mid-Missouri Mental Health Center's child development unit were thrilled when a ghost interrupted the group on Halloween, bringing costumes for all and beginning the day's parade and festivities.

A breakthrough in St. Louis

An unprecedented partnership was born in April 1984 when a group home for eight developmentally disabled women opened in the Benton Park area of south St. Louis.

The community residential home marks the first time that state authorities had agreed to fund and operate directly a facility constructed by local boards for the developmentally disabled. St. Louis City is among 60 Missouri counties where voters have approved property tax levies specifically for the handicapped; locally appointed boards administer these funds.

The direct state operation, with employees of St. Louis Developmental Disabilities Treatment Center, contrasts with previous programs in which local agencies build and operate group homes, depending on the state community placement program's budget for ongoing funds. The St. Louis arrangement relieves the county board of responsibility for maintaining staff and recordkeeping for operations.

The board and the state have agreed to duplicate the Benton Park program in an eight-bed group home for men in the Hyde Park area of north St. Louis. The facility is scheduled to open in January 1986.

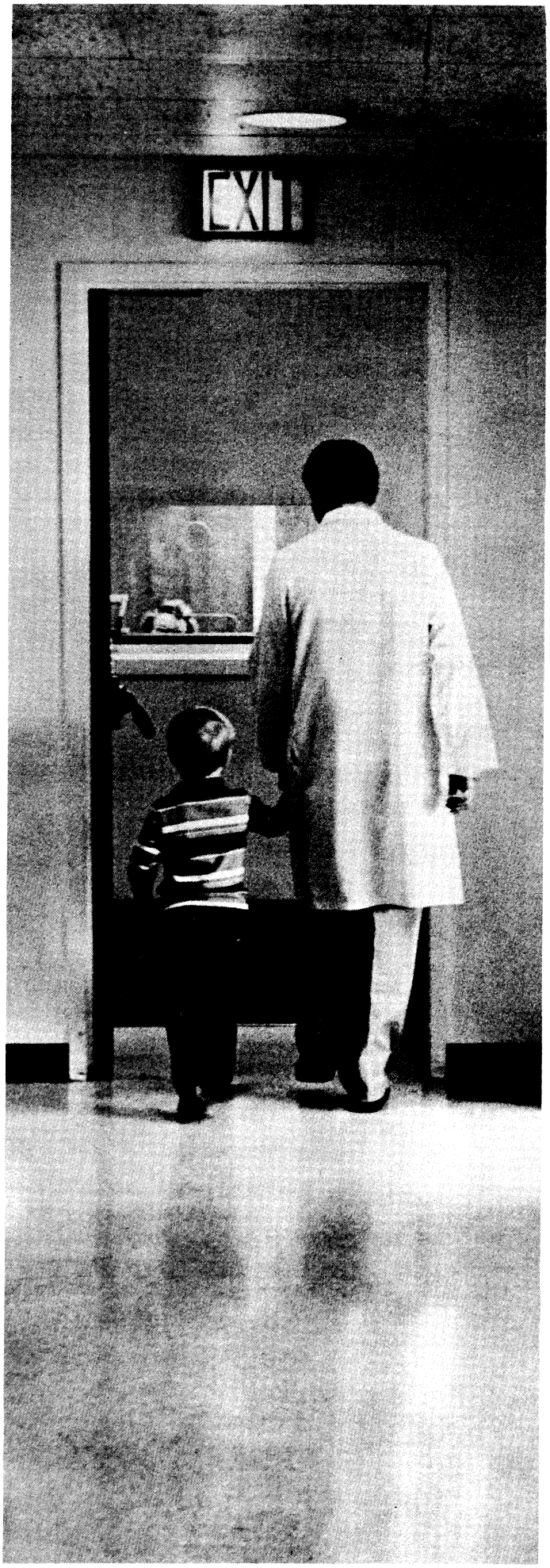
Other county boards are pursuing similar arrangments.

A place for sunset years

Parallel advances in habilitation practices and general medical care are producing an emerging phenomenon: large number of elderly, mentally retarded persons with relatively few physical difficulties.

These residents often aren't suitable candidates for less restrictive placements in the community, both from a humane and program standpoint.

Even though functioning at relatively high levels, they frequently have grown up and grown old in state-run centers, which became "home." Private nursing home placements aren't appropriate because these persons don't need substantial nursing care. Community agencies for the developmentally disabled, attuned to a more active, younger population, generally haven't developed residential programs that meet the elderly's needs.



Larger public facilities have shared an orientation biased toward active work, play, learning and community life.

The aged mentally retarded, too, have the right to slow the pace, while not forgoing the vitality of life.

Marshall Habilitation Center stepped into this breach in fiscal 1984 by opening a "retirement village" in a discrete group home complex with a special program for the deaf and visually impaired.

Marshall staff have geared the retirement unit to recreation and social activities typical of other centers for the elderly, including special dinners and parties, bowling, movies and other regular offerings on and off the campus. Residents, however, are permitted to continue working at the center or off-site shelter workshops. One group home operates as a community center for the residents. A dozen behavioral management programs have allowed Marshall to reduce dosages for residents receiving psychotropic medication.

And "reminiscence therapy" seeks to increase activity and communication by encouraging the elderly to reall and relive bygone days at the center.

A focus for St. Louis County

Largely bypassed by the community mental health movement of the past 25 years, St. Louis Countians had relied for public psychiatric outpatient services on a small clinic operated by St. Louis State Hospital in Clayton.

In fiscal 1984, that clinic reopened as Great Rivers Mental Health Services, a freestanding agency that coordinates and monitors the provision of outpatient care for state clients in Missouri's most populous county. The design of Great Rivers not only draws on the talents of private practitioners in the county, but it adds a new element of competition to pricing in the mental health field there.

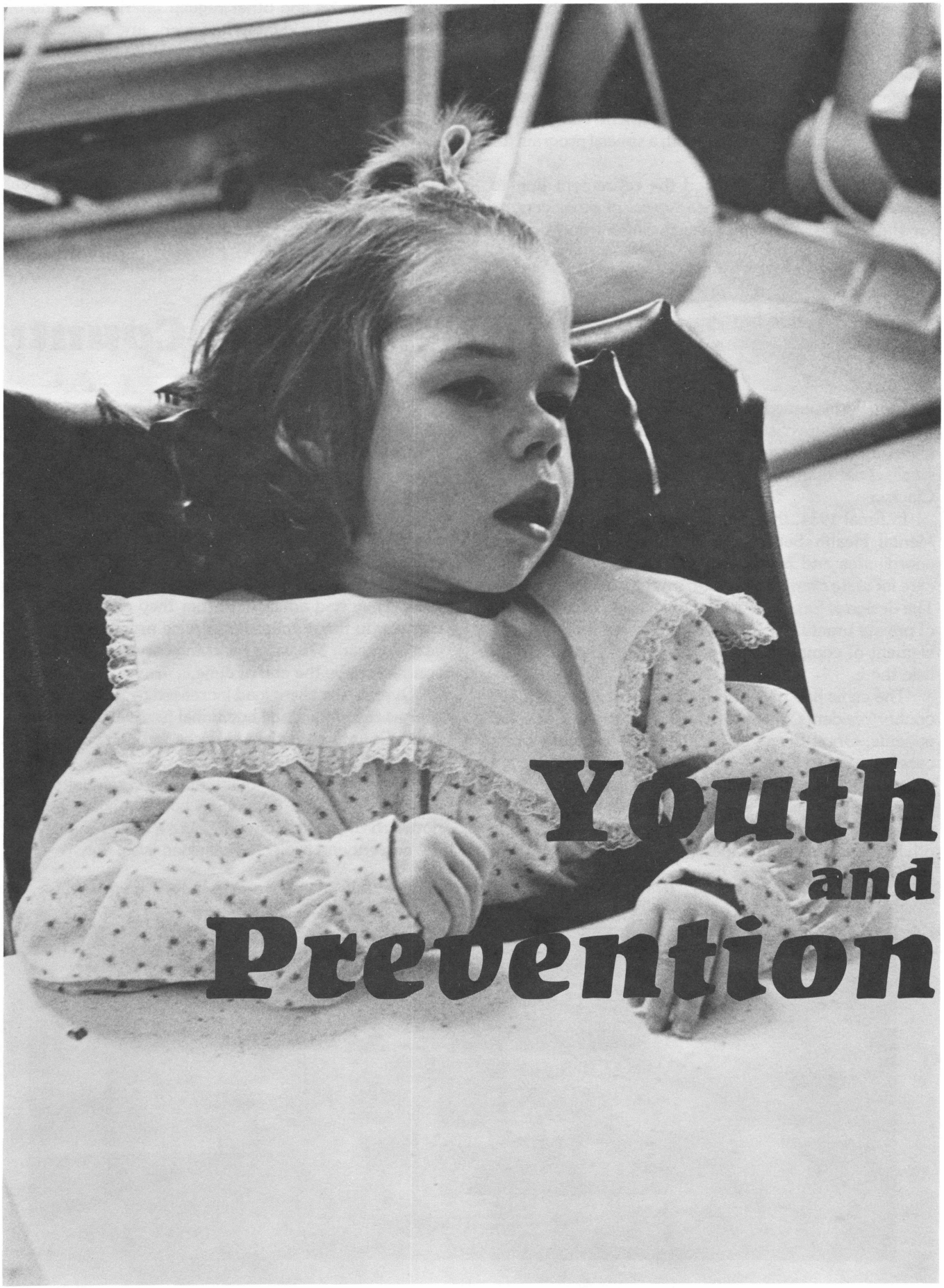
The clinic had provided direct care for almost 1,700 county residents, many of them former state hospital patients. Great Rivers began the transition from direct care to a "purchase-of-service" model. The program eventually will provide diagnostic services and then, depending on a client's financial means, subsidize and monitor care from a private psychiatrist, therapist or other mental health provider in St. Louis County.

The design minimizes the department's problems in recruiting full-time professionals. The Great Rivers model, too, reduces the particular stigma of public clients by providing services through the normal private treatment route. The design also ensures that state subsidies are spent most efficiently because private agencies and practitioners bid competitively on the contracts and they are only paid for actual services rendered.

Great Rivers officials exceeded their principal goal in 1984. They had anticipated that they could divert 200 clients into the purchase-of-service program during the year. Instead, 370 were receiving services from private contractors by the end of June.

Overall, the client load increased to 2,100 during the year as the state made additional funds available for St. Louis County outpatient services through reallocations and use of windfall federal funds.

Great Rivers will build on its community-based service strategy in fiscal 1985 by opening an office in northern St. Louis County, where a large proportion of the current and projected caseload lives.


Youth
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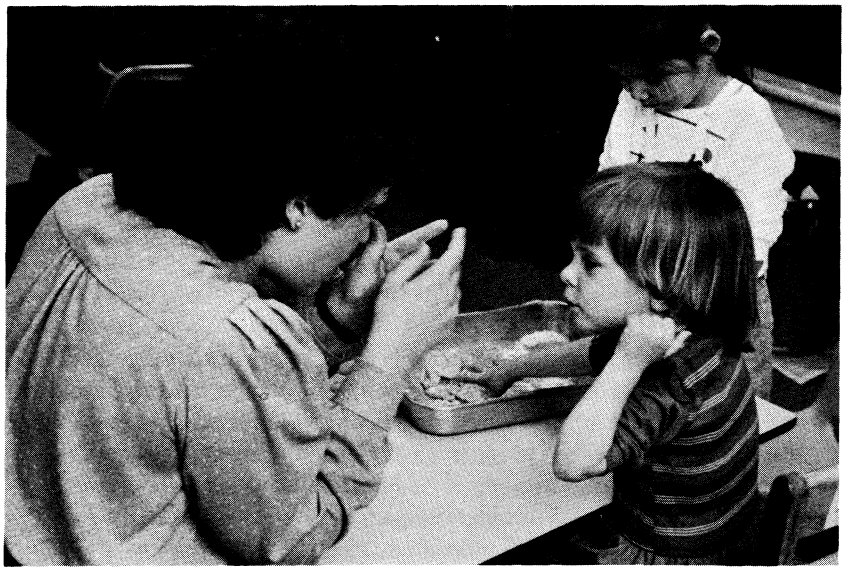
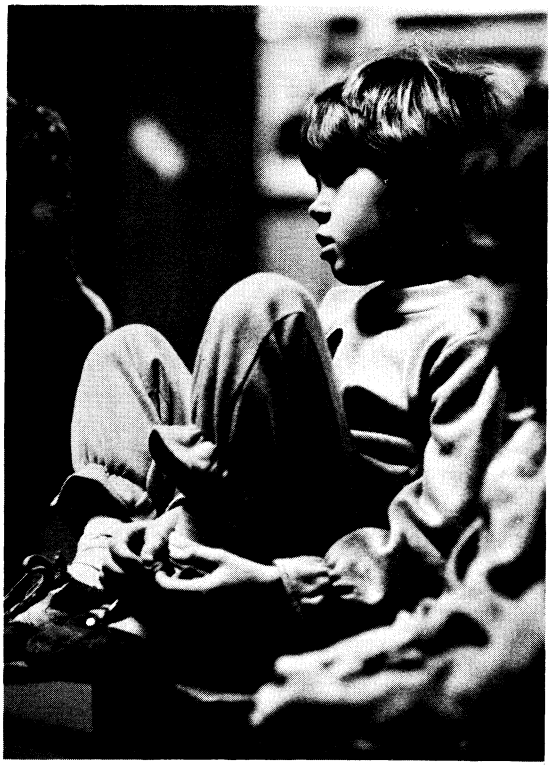




Children are our future.

Missourians can deal with manageable children and adolescent problems today -- or pay high prices during their adult years for long-term institutional care, other social welfare costs and lost potential productivity.

In fiscal 1984, the department made appreciable and sometimes unprecedented efforts to increase services for youths who were emotionally disturbed, developmentally disabled or dependent upon alcohol and/or drugs. The Mental Health Commission likewise took the first steps toward developing a prevention strategy that will help avert these human tragedies.

The emotionally disturbed

Psychiatric services for disturbed children and youth, particularly residential treatment, continued to slowly recover from the 1981 fiscal crisis, which resulted in the closing or reduction of six programs at state facilities.

By the end of fiscal 1983, the number of inpatient beds for children had been restored to 152, compared to 274 in May 1980.

A House budget initiative for 1984 was aimed at less intensive residential treatment in the community rather than hospital care. A 41 percent children's placement funding increase allowed the department to contract for residential treatment services for 100 youth, compared to a caseload of 58 the previous year.

These additional adolescents otherwise faced prospects of too-intensive hospital treatment for lengthy periods or placement in the home, if they have one, with inadequate treatment and heightened family stress.

Funding also became available for the department to increase specialized children's outpatient services in 12 (of 26) service areas for the coming year.

But remaining in the lurch were 79 children and youth on a waiting list for residential treatment even though funding for contracted care was available. Beds for severely disordered youth are scarce in Missouri; and often willing community treatment facilities simply weren't equipped, at least yet, for the degrees and types of these children's impairments. They often had possible neurological damage, a history of suicidal episodes or severe acting out, no family ties and the need for multiple medication.

Faced with that dilemma, the department was exploring new state facilities for these youth or innovative joint arrangements with other agencies to provide such care in fiscal 1986.

The substance abusers

The dearth of appropriate facilities, too, confronted families, schools and juvenile authorities dealing with adolescents who needed residential treatment for alcohol and drug abuse.

The state has been able to contract for services in only two residential programs, which had limited admission to older adolescents or those not needing detoxification. Private programs, with daily rates often exceeding $200, were priced beyond the reach of all families but the well-to-do and those with generous insurance coverage.

The Division of Alcohol and Drug Abuse had been able to fund services for only 748 youth 18 or under in fiscal 1983, and only 90 received residential treatment. A projected 25,000 adolescent Missourians needed treatment for substance abuse.

A step toward adequate public services occurred when the General Assembly approved spending $492,000 to open a 20-bed adolescent residential treatment center, operated by a private contractor in greater St. Louis. The center envisioned as the first of six across Missouri, should open by January 1, 1985.

The center will treat 13- to 18-year-olds who exhibit moderate to severe substance abuse problems along with social, academic and family dysfunction. The length of stay should range from three to six months followed by outpatient aftercare. The holistic approach will focus on the physical, intellectual, emotional and interpersonal aspects of each youth.

The Mental Health Commission is seeking such centers for greater Kansas City and southwest Missouri for fiscal 1986.

The path to prevention

In July 1983, the Mental Health Commission took a firm position: after budget reductions had forced the department to serve only the most seriously disabled in recent years, the agency must take a commanding position in launching the most cost-effective of programs -- prevention.

The benefits are clear. Preventing one child's mental retardation, for example, eventually could save the state $1 million or more for institutional and other services.

The Division of Comprehensive Psychiatric Services reflected the commission's bent when it hosted a statewide prevention conference in November 1983. The prevention of mental illness, in many ways, represents one of the most difficult assignments for mental health agencies across the country because such programs largely remain experimental. Addresses from National Institute of Mental Health and Michigan authorities on prevention did note that programs should target those persons who are clearly at-risk.

The commission responded by endorsing two prevention demonstration projects aimed at children of institutionalized or chronically mentally ill parents and at low-income single mothers working outside the home. The targeted children run about a 50 percent risk of developing psychiatric problems, apparently because of heightened genetic and environmental predispositions. Stresses in the single-parent household, isolated without community supports, increase the chances for abuse, neglect and emotional disturbance.

The department, however, was unable to begin these demonstration projects because extra funding wasn't available.

Instead, progress on prevention programming largely occurred through interagency cooperation on developmental disabilities and reorganization of efforts to educate young people about the hazards of substance abuse.

The cooperative approach

The Division of Mental Retardation and Developmental Disabilities' efforts to prevent such conditions are limited by its principal mission of providing services after the fact. Contributing factors to mental retardation, such as inadequate prenatal care and nutrition, are responsibilities of other state and federal programs.

In recognition of that relationship, the Mental Health Commission met with the State Board of Health and State Board of Education during the year to highlight the need for inter-agency cooperation to prevent developmental disabilities. The Missouri Planning Council for Developmental Disabilities responded with a $25,000

grant for the department to coordinate development of a statewide prevention strategy that would involve mental health, education, social services and medical services.

While a major plan is developed, the division has proceeded with genetic counseling and evaluation. That program finally became available throughout the state when services were expanded to include the northwest Missouri area served by Albany Regional Center for the developmentally disabled.

Genetic counseling advises couples on their risks of having children with birth defects. Half of all cases of severe retardation have genetic causes, and more than 100 genetic disorders can be diagnosed before birth.

Metabolic screening immediately after birth also can alert medical authorities to conditions requiring treatment to prevent or limit the degree of mental retardation. Before December 1983, the Missouri Division of Health had received funding for only two metabolic tests -- hypothyroidism and phenylketonuria -- for newborn infants.

The mental health department made available funds during fiscal 1984 to expand the testing to include the disorder of galactosemia. From the blood samples of 46,590 newborns, health officials learned that one infant had galactosemia and three had conditions related to the disorder.

While the numbers appear small, the state could save as much as $4 million otherwise allotted for care of these persons, and no dollar figure can express adequately the cost-benefit of preserving human potential.

With support from the department and commission, the Division of Health received a funding increase to add blood tests for two remaining metabolic disorders in newborns for fiscal 1985.

The birth of MIPS

While developmental disabilities officials can show concrete results from prevention efforts, alcohol and drug abuse authorities were faced with the difficulty of quantifying the success of information and education efforts.

In recent years, the Division of Alcohol and Drug Abuse has struggled with fragmented contractual arrangements that allowed community providers virtually unlimited latitude on their prevention approach and target audience. The solution? The Missouri Institute of Prevention Services (MIPS).

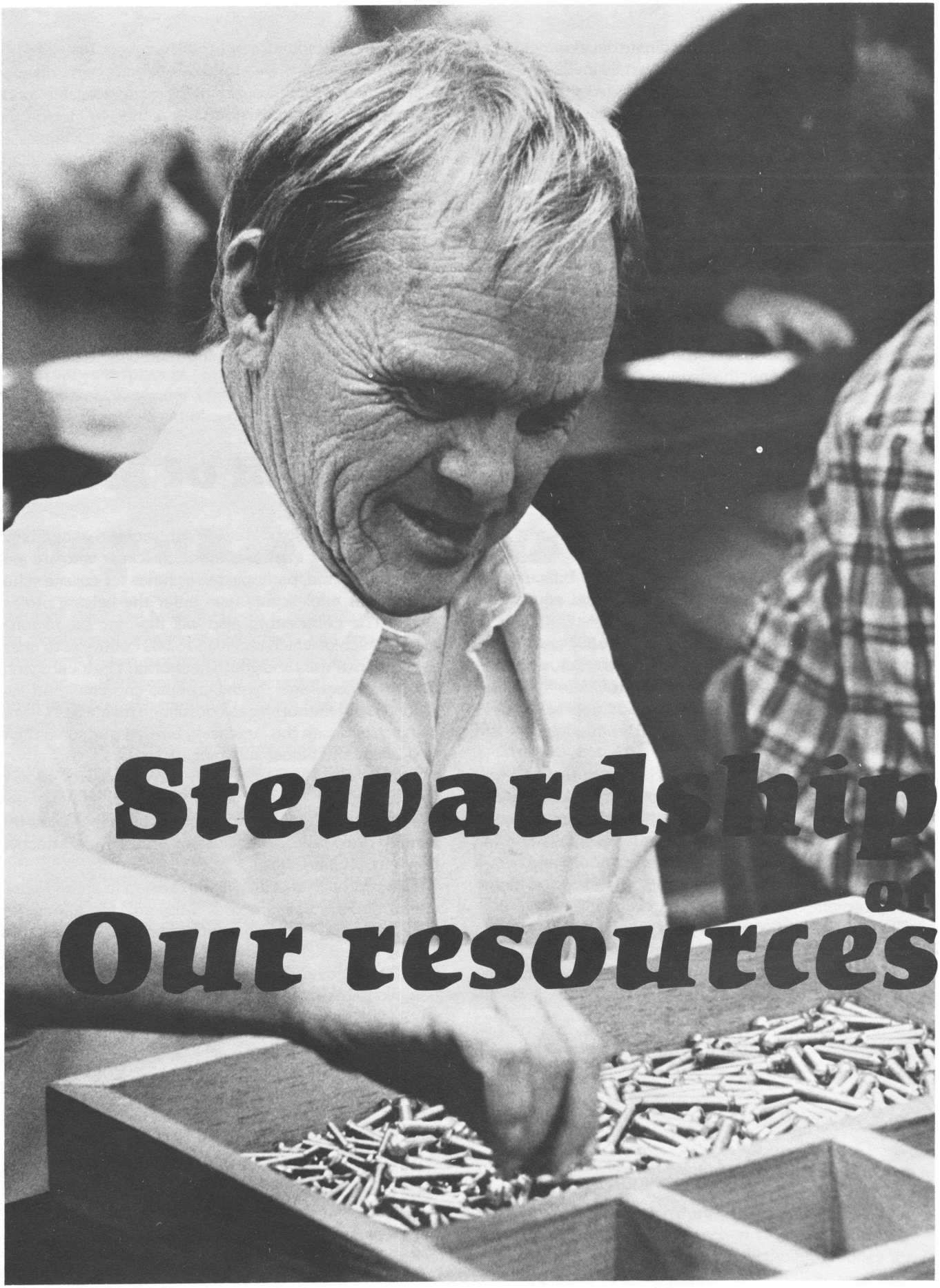
The approach officially focuses prevention efforts on the high-yield demographic group of children and youth, most of whom have not yet established lifestyles prone to high abuse rates. Institutes for students train them in techniques of resisting peer pressure to abuse and helping other adolescents grapple with the issues of substance use and misuse.

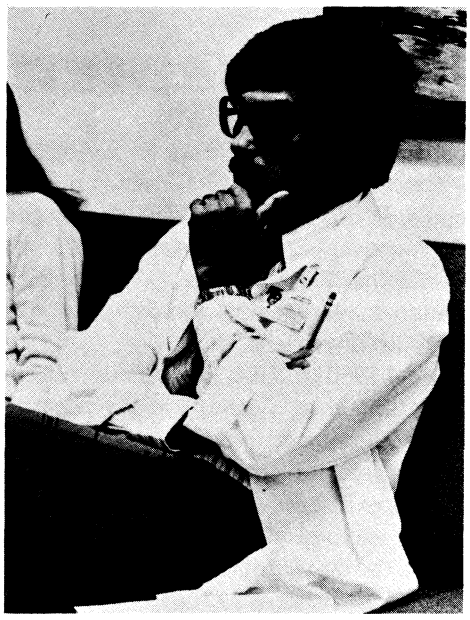
The system builds on the 5-year-old program operated by the National Council on Alcoholism's three Missouri chapters and subsidized by the division along with private donors.

MIPS provides for statewide contractor that conducts lengthy summer institutes for adolescents who are student leaders and, perhaps, raises funds for college scholarships for adolescents who enter the helping professions. The contractors also will monitor six regional agents, each of which receive $75,000 contracts to operate local institutes and youth networks. The local agents also will encourage parent groups, churches and law enforcement authorities to coordinate their efforts -- and help schools with the increasing burden placed on them to prevent and detect substance abuse.

The division expects that MIPS eventually will allow it to track 2,500 trained youth and their abuse rates through high school. Their experience can then allow the state to draw reliable conclusions on the most effective prevention techniques.

The approach also allows the division to spread prevention programming acorss Missouri for a minimal increase in state funding, which simply represents seed money to supplement and attract private contributions that should cover the bulk of community-based prevention programs' cost.


Stewardship
Our resources



The public today expects nothing less than the leanest, most efficient government service, including public mental health care. Yet consumers of those services and their advocate groups will settle for nothing less than quality care.

Fiscal 1984 saw the department continue its work to increase earnings and offset the maximum possible amount of general revenue used to care for mentally handicapped Missourians. Quality, however, emerged as a predominant theme as national observers approved service standards and the department gained tools to attract highly qualified professionals.

An accreditation surge

The department received a welcome verdict from impartial professional observers on its struggle to maintain and even improve the quality of care during a series of recent funding and service reductions.

The two largest state psychiatric hospitals earned national accreditation after a lapse of seven years for such facilities, and the first long-term center for the developmentally disabled gained similar recognition.

National accreditation provides clients and Missourians generally with the greatest possible assurance that they will receive quality care in a safe, humane environment. Nine of the department's 27 direct-care facilities now have been accredited by national professional groups, compared to four only two years ago.

The Joint Commission on the Accreditation of Hospitals, a Chicago-based organization, announced during the year that Fulton and St. Louis state hospitals had regained approval during the year, based on the results of a professional survey. Both psychiatric hospitals had lost accreditation in 1977 when all five of the state's long-term psychiatric hospitals were stripped of the designation.

The JCAH decision came despite the need for major physical plant improvements, particularly at Fulton.

JCAH already had approved operations at Hawthorn Children's Psychiatric Hospital in St. Louis and the state-operated community mental health centers in Kansas City, St. Louis and Columbia.

The Accreditation Council for Services for the Mentally Retarded and Other Developmentally Disabled Persons, based in Washington, bestowed similar approval on Higginsville Habilitation Center, a 254-bed long-term care facility.

And the council accredited Springfield Regional Center, which joined Kirksville as the other nationally approved state programs for the developmentally disabled.

By mid-1986, the department expects to obtain accreditation for all its developmental disability operations and psychiatric facilities except Nevada State Hospital. That hospital needs physical plant improvements substantial enough that, officials believe, the department would better serve southwest Missourians by constructing a new facility.

Some department facilities need improvement in recordkeeping, staffing and quarters of varying degrees before seeking accreditations; others simply await the scheduling of professional team visits of the sites.

An inducement for staff

Critical to the quality of care is the department's ability to attract and retain high-caliber mental health professionals. While salary levels can't account for all personnel turnover and recruitment difficulties, the lagging department pay scales — often 25 percent behind national averages — handicapped its efforts, particularly with physicians.

From fiscal 1980 to 1984, the consumer price index rose 42.4 percent while "cost-of-living" raises for department workers increased only 18.5 percent; one year garnered no raises for employees, and 1984 provided only $240. Almost half the department workforce essentially has been trapped at entry-level or maximum pay rates because the department generally lacked funds for merit-based or probationary raises.

But the General Assembly and the department used the 1984 legislative session to craft a package of pay raises that should ameliorate the most pressing problems, such as recruitment of physicians and psychologists. Among the steps for fiscal 1985:

- Employees were granted a 7 percent across-the-board raise to compensate somewhat for losses to the inflation rate. No funds, however, were available for merit-based increases.
- More than 1,500 (of 10,500 total) workers, including psychologists, received further increases of 4.5 percent in recognition of the disparity between their pay and marketplace levels.
- The General Assembly added a special package of salary incentives for psychiatrists, general physicians and psychologists who pass national certification tests in their specialties and assume extra duties.
- Although several department officials had been exempted from state government's 7-year-old salary ceilings, dozens of agency administrators and professionals became eligible again for merit and cost-of-living raises when legislation struck those ceilings.

These measures, combined with initiation of a formal recruitment program, should allow the department to begin turning the corner on keeping and attracting the management talent and professional workers who spell the difference between mediocrity and quality in mental health care delivery.

An end to budget woes?

Unexpectedly slow growth in state revenue collections forced Gov. Christopher S. Bond to ask the department to make mid-year budget reductions for the fourth consecutive year.

The department absorbed $5.3 million in cutbacks from an original general revenue appropriation of $230 million when the General Assembly refused to approve an emergency tax increase. The agency projected that the fiscal action would deny services for 2,700 clients in the psychiatric, developmental disabilities and substance abuse programs.

The fiscal 1984 withholding brought the total budget reductions in the past four years to $47 million.

However, the dawn of fiscal 1985 appeared likely to spell the end of mid-year financial disruptions and service cutbacks. The governor and General Assembly approved a new mental health budget of $250.5 million, or an increase of 11.7 percent. More importantly, the state's improved economic conditions indicated that department would have all original appropriations available for funding services.

An upsurge in earnings

The department continued to escalate its collections for the state general revenue fund in fiscal 1984, returning $63.4 million, or more than one-fourth of its original appropriations.

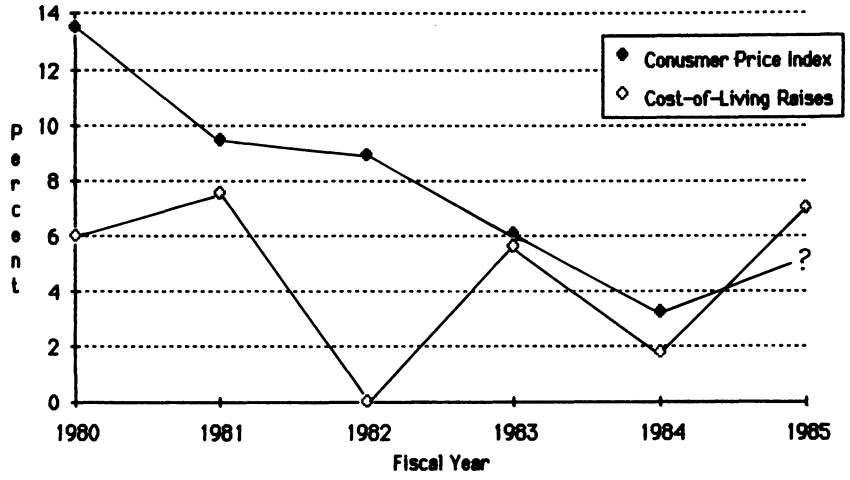
The amount collected increased 11.1 percent from the previous fiscal year.

The collections include not only the client's share of costs, which is based on ability to pay, but any insurance and government benefits available.

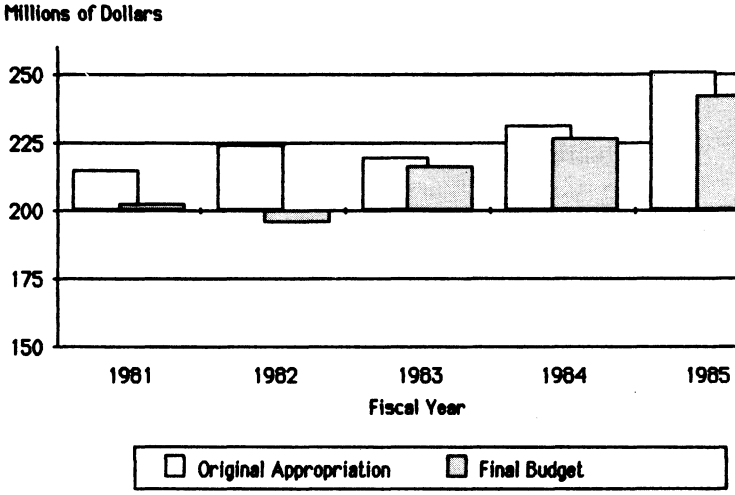
Federal reimbursements under the Medicaid program again counted for the bulk — two-thirds or $41.7 million — of the collections. The department's aggressive policy of maximizing Medicaid collections compensated for reimbursements lost when federal authorities curtailed the eligibility of services at St. Joseph State Hospital and Bellefontaine Habilitation Center.

Under the Medicaid program, the state treasury can recoup 60 percent of service costs from the federal government for indigent clients in certain programs; the funding does not directly eturn to the department for its operations.d

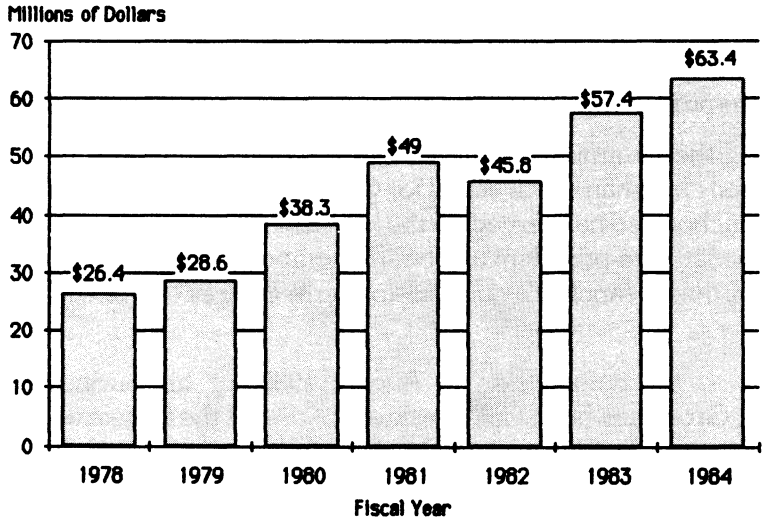
Medicare, the federal health insurance program largely for the elderly, contributed another sizable gain for the collections effort, with $9.9 million from that source. Insurance and client payments totaled $10.6 million.



Salary Increases Compared to Consumer Price Index



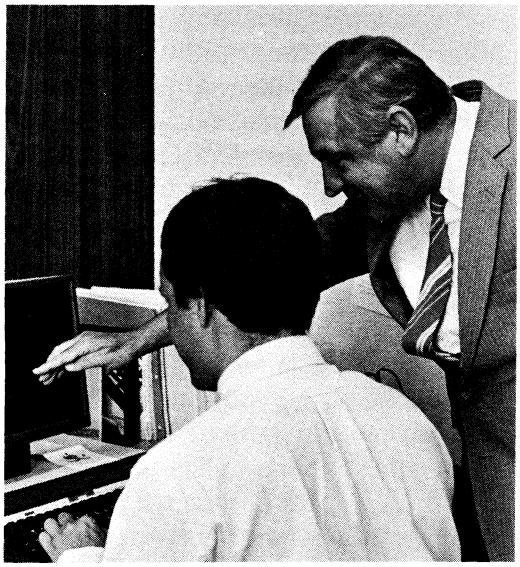
Budget Reductions



Collections to General Revenue

The Missouri Mental Health Commission makes major policy and budgetary decisions for the Missouri Department of Mental Health, including employment of the director. With the advice and consent of the Senate, the governor appoints the seven part-time commissioners from such specific backgrounds as psychiatry, community mental health, developmental disabilities, substance abuse and the business world.

The commission



John A. Kline, D.O.

Dr. John A. Kline, a Kirksville pathologist, became chairman of the Missouri Mental Health Commission in June 1984 after a year as secretary. He occupies the commissioner's post reserved by law for physicians with interests in developmental disabilities. Kline chairs the pathology department at Grim Smith Hospital in Kirksville. He has served as professor and pathology department chairman at the Kirksville College of Osteopathic Medicine. As a commissioner, Kline has strongly promoted the development of a statewide prevention plan, which should take form during the coming year. Before joining the commission in 1982, he served on the Missouri Planning Council for Developmental Disabilities. Kline also was a charter member of the State Client Affairs Review Committee, which advises the department on patient rights. His term ends June 28, 1986.

Margery N. Gantt, of Mexico, the commission secretary, has represented the interests of community-based mental health services since her appointment in August 1982. She has presided over the boards of the Mid-Missouri Arthritis Corp., Audrain County Human Development Corp., Mexico-Audrain County Library and Mexico-Audrain County League of Women Voters. Gantt has also served on the Fulton State Hospital Advisory Board, the First National Bank Board, the University of Missouri-Columbia Arthritis Advisory Board, Governor's Task Force on Arthritis and the Mexico Community Chest. Her term expires on June 28, 1985.

Dr. William W. Clendenin, of St. Louis, was appointed to the commission in August 1983 to represent the psychiatric profession. His practice specializes in stress management, alcohol and drug abuse rehabilitation and cognitive and behaviorally oriented psychotherapy. Clendenin also has served on the boards for Children's Home Society of Missouri and for Archway Communities, Inc. (a drug treatment facility), both since 1977. His commission term expires June 28, 1986.

Nicholas V.V. Franchot III, of Clayton, joined the commission in 1982 to represent the interests of mentally ill Missourians. He has been president and chairman of the board for Christy Firebrick Co. for 19 of the 37 years that he has been with the firm. Franchot also has served on the board of the Alliance for the Mentally Ill's St. Louis chapter, and he was co-founder, vice-president and board member of Independence Center, a psychiatric rehabilitation facility in St. Louis. Franchot's commission term expires on June 28, 1986.

Herb Gross, of St. Joseph, was appointed to the commission in August 1983 for his business management background. For the last 11 years, Gross has been vice-president of one of the largest and most noted headwear companies in the nation, Stetson Hat Co. Inc. In 1948, the graduate of Stanford and the University of Missouri moved to St. Joseph from the West Coast. Gross spent 25 years in insurance and realty businesses before joining Stetson. His term expires on June 28, 1985.

Joe J. Winters, of Kansas City, had represented the interests of mentally retarded persons on the commission since May 1977. He served as secretary in 1979-80 and as chairman in 1980-81. A senior store-planner for Hallmark Cards Inc. Winters also has been president of the Metropolitan Council on Developmental Disabilities in Kansas City and vice president of the Missouri Association for Retarded Citizens. He has served on the boards of the National Association for Retarded Citizens, the State Advisory Council on Developmental Disabilities, Scouting for the Handicapped, Concerned Care (group homes for the mentally handicapped), Vocational Services Workshop for the handicapped, and United Community Services, the planning and budgeting arm of United Way.

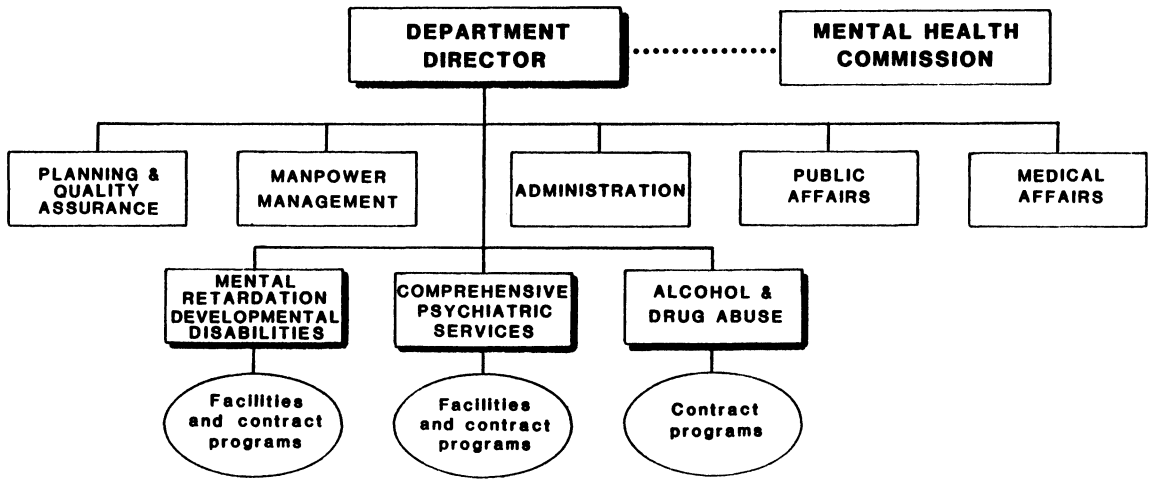
William R. Taylor, of Kansas City, served as chairman of the Mental Health Commission for a year that ended in June 1984. He was appointed in 1981 to represent the interests of alcohol and drug abuse treatment. Taylor has worked as an investment banker for Stiefel Nicolaus & Co. Inc. in Kansas City for nine years. He also has served on the boards of Jan Clayton Center for Women Alcoholics and the National Council of Alcoholism.

The department

Paul R. Ahr, a 39-year-old clinical psychologist, recently completed five years as director of the Department of Mental Health. A graduate of the University of Notre Dame, Ahr received his doctoral degree in clinical psychology in 1971 from Catholic University of Washington, D.C. Later, he added a post-doctoral fellowship from Harvard Medical School and a master's degree in public administration from the University of Southern California. For seven years before coming to Missouri, Ahr served the Virginia Department of Mental Health and Mental Retardation. Since 1972, he has taught health and public administration, planning and psychology at seven universities. Ahr serves as president of the National Association of State Mental Health Program Directors.

Paul R. Ahr, Ph.D., M.P.A.

Department Organization



Comprehensive Psychiatric Services, the largest of the department's three direct service divisions, is charged with delivering or providing for inpatient, outpatient, follow-up and long-term psychiatric care to residents of Missouri. A projected one person in every 40 -- or 130,000 Missourians -- suffers from a major psychiatric disorder, such as schizophrenia, major depression and organic brain dysfunction.

Clients, fiscal 1984: The division experienced a 6 percent increase in the number of persons seeking services. That increase largely occurred in two age groups: children and youth under 17 years of age and young adults under 45. Of the 57,642 clients served, 21 percent or 12,385 received treatment from a state hospital, 28 percent or 16,483 were seen at a public community mental health center and the remaining 51 percent were served by private agencies -- community mental health centers, group homes or skilled nursing facilities, for example -- whose services are purchased by the division.

Funding and expenditures: Accounting for half of the department's total budget, the division's $125 million in appropriations for fiscal year 1984 largely came from state general revenue. Nearly $98 million was spent to provide services through the 11 facilities operated directly by the division and employing 5,680 workers statewide. Almost 11 percent or $13.3 million was used to purchase psychiatric services from private vendors, and the remaining $13.2 million subsidized 4,462 clients placed in long-term care facilities in the community.

Psychiatric services

Robert S. Jones, M.D., division director

Programs: The state hospitals in Fulton, St. Joseph, Nevada, Farmington and St. Louis provide a range of psychiatric services from outpatient counseling to long-term inpatient care. Although the number of clients receiving services from these institutions has declined dramatically in recent years, they remain a mainstay in providing extended care for severely disabled clients.

Comprehensive community mental health centers in Kansas City, Columbia and St. Louis provide intensive, short-term treatment in a community setting and a full complement of outpatient services. These state centers and private counterparts serve as both the entry point for the service system and as a followup resource for clients discharged from other facilities. Hawthorn Children's Psychiatric Hospital in St. Louis and Woodson Children's Psychiatric Hospital in St. Joseph are designed to serve the specialized needs of children and youth under 17 years of age. Great Rivers Mental Health Services, in St. Louis County, provides diagnostic and case-management services, linking clients with programs available from other agencies in the community and monitoring their progress and mental health needs.

Where the state has no direct operations, the division contracts with private mental health centers to provide subsidized outpatient and sometimes short-term inpatient care. The community placement program also provides extended residential care for the chronically mentally ill under contract with private agencies, including group homes, apartments and nursing homes.

Accreditation: Six of the division's 11 facilities have been approved by the Joint Commission on Accreditation of Hospitals. In August 1983 Fulton State Hospital was awarded full three-year accreditation by the highly regarded, Chicago-based peer review board. In May 1984 St. Louis State Hospital was notified that it, too, had received JCAH sanction. The two state hospitals join an accreditation roster that includes Hawthorn Children's Psychiatric Hospital, Malcolm Bliss Mental Health Center in St. Louis, Western Missouri Mental Health Center in Kansas City and Mid-Missouri Mental Health Center in Columbia.

Major accomplishments of FY 1984:

- Gained JCAH accreditation at Fulton and St. Louis state hospitals.
- Expanded outpatient services for children by providing additional funding in 12 (of 26) service areas around the state.
- Provided funding for expanded day-treatment programs in seven additional service areas.
- Developed a per capita funding formula to allocate resources for outpatient services based on need, poverty level and current funding.
- Began licensing private residential facilities and day-treatment programs to assure minimum program standards for division clients receiving services.

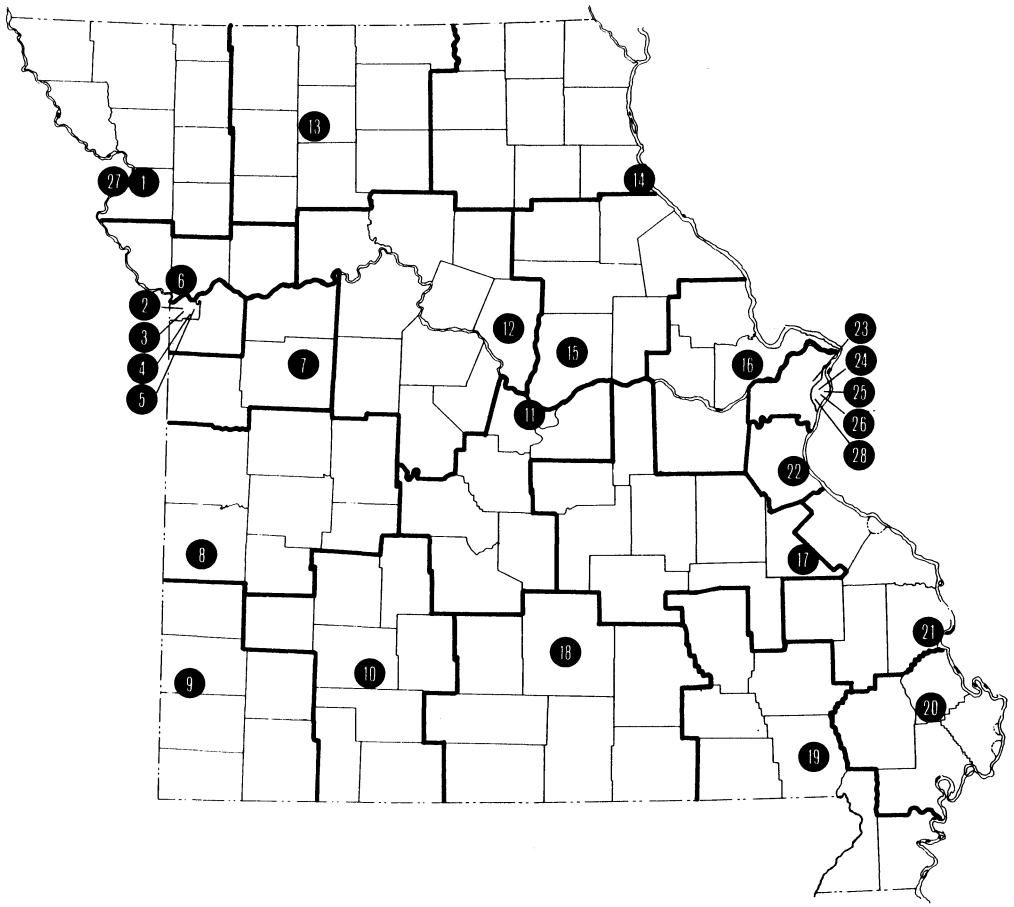
Major plans for FY 1985:

Begin construction of a new 170-bed facility at Farmington and convert buildings at the state hospital for use as a medium security prison.

Complete planning for a new children's psychiatric hospital to be built in Cape Girardeau.

Develop certification standards for residential, day-treatment and other specialized services to assure the highest quality of care for division clients.

Seek accreditation for remaining division-operated facilities.



Publicly funded psychiatric centers

1 St. Joseph State Hospital*
2 Western Missouri MHC (Kansas City)*
3 Swope Parkway MHC (Kansas City)
4 Community MHC-South (Lee's Summit)
5 Comprehensive MH Services (Independence)
6 Tri-County MHC (North Kansas City)
7 West Central MHC (Warrensburg)
8 Nevada State Hospital*
9 Ozark MHC (Joplin)
10 Burrell MHC (Springfield)
11 Family MHC (Jefferson City)
12 Mid-Missouri MHC (Columbia)*
13 North Central Missouri MHC (Trenton)
14 Mark Twain MHC (Hannibal)
15 Fulton State Hospital*
16 Four County MH Services (St. Charles)
17 Farmington State Hospital*
18 Central Ozark MH Services (Rolla)
19 Southeast Ozark MHC (Poplar Bluff)
20 Bootheel MH Services (Sikeston)
21 St. Francis MHC (Cape Girardeau)
22 Community Treatment (Festus)
23 Great Rivers MH Services (Clayton)*
24 Yeatman/Union-Sarah MHC (St. Louis)
25 Malcolm Bliss MHC (St. Louis)*
26 St. Louis State Hospital*

State Children's Hospitals

27 Woodson (St. Joseph)*
28 Hawthorn (St. Louis)*

*indicates direct state operation

The Division of Mental Retardation and Developmental Disabilities provides or funds habilitation and residential services for persons with mental retardation, cerebral palsy, autism, epilepsy, learning disabilities related to brain dysfunction and similar handicaps. An estimated 85,000 Missourians have varying degrees of these conditions, and the development of their social and economic potentials often depends on the availability of the division's services.

Funding: The division had appropriations of $101 million in fiscal year 1984 with $94 million from state general revenue and the balance from federal and other sources. Almost 44 percent of the funds were allocated for community based services. The division also administered more than $900,000 in federal funds for community services with assistance from the Missouri Planning Council for Developmental Disabilities. Fifty-six counties have augmented these sources by levying property taxes exceeding $12 million that have significantly aided the development of community services.

Clients served: The habilitation centers, with an average daily census of 1,911 served 2,717 clients. Regional centers served over 13,000 individuals including those receiving inpatient, community residential and specialized care purchased from community agencies.

Mental retardation Developmental disabilities

Levester Cannon, Ed.D., division director

Programs: The services cover aspects of "habilitation," which include speech and physical therapy, personal care training and mobility instructions that allow clients to function more independently. These services often includes residential services as close as possible to natural home life. The programs include:

▷Habilitation centers -- The five centers are responsible for serving the most severely and profoundly handicapped individuals. Their programs are oriented toward preparation for return to community living, but they also provide permanent long-term care.

▷Regional centers -- These 11 centers serve as the entry and exit points for persons needing services from the division. They provide evaluation and assessment services, write and monitor individual habilitation plans and arrange for the purchase of services from community agencies. Nine centers, not including St. Louis and Central Missouri, also have eight-bed residential units for short-term care.

▷Community residential programs -- These facilities provide an array of residential alternatives, which permit the regional centers to place individuals in settings more appropriate for their daily living needs. They generally are least restrictive and more normalizing than state habilitation centers.

Licensing and accreditation: Higginsville Habilitation Center and Springfield Regional Center gained approval of the Accreditation Council for Services for Mentally Retarded and Other Developmentally Disabled Persons in fiscal 1984. State law provides that residential and day programs for the developmentally disabled must pass licensing reviews by the Department of Mental Health to operate in Missouri. The Office of Planning and Quality Assurance, in cooperation with the Division, approved 216 homes for licenses and denied three applications in fiscal 1984.

Major accomplishments of FY 1984:

- Gained funding for two new community complexes and five scattered site group homes that will allow mentally retarded clients to move from the St. Louis State Hospital campus.
- Standardized writing and development of individual plans for habilitation.
- Began a system that makes one case manager responsible for monitoring all habilitation and residential services that each client receives.
- Published a nationally recognized guide for case managers to use in selecting and monitoring services.
- Issued standards that day programs must meet to receive state contracts.

Major plans for FY 1985:

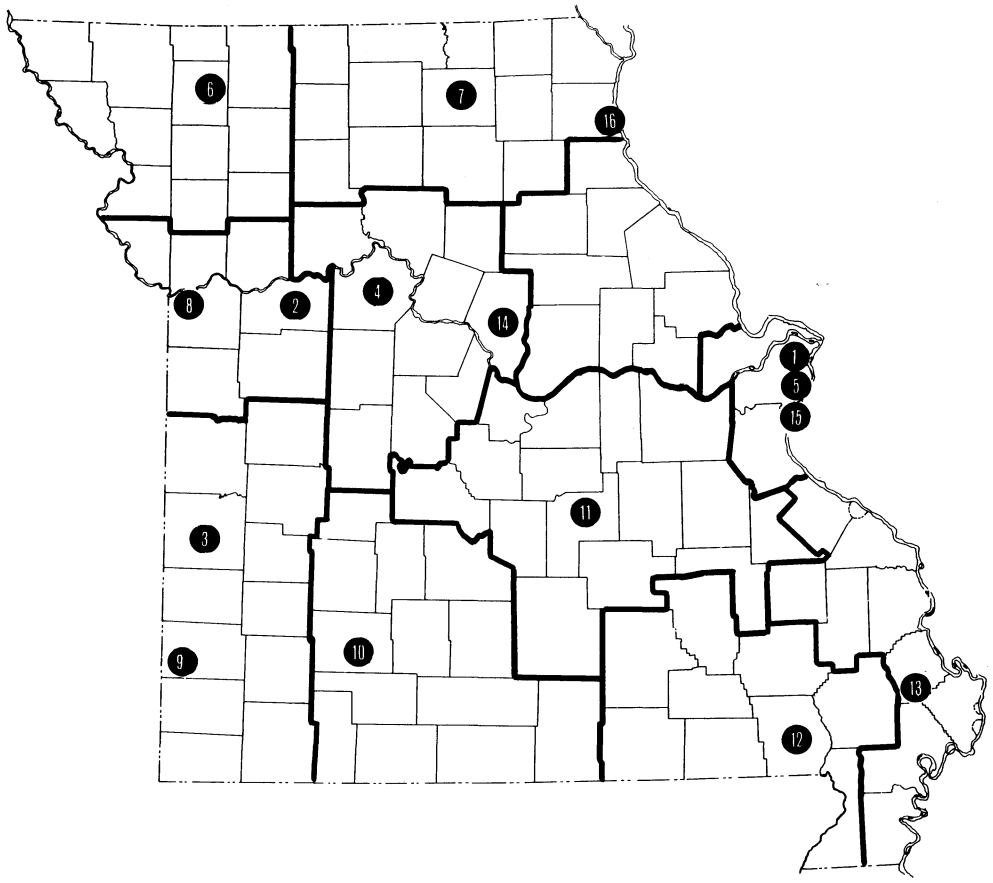
Negotiate the lease-purchase plan for building two new long-term group home complexes in Sikeston and Poplar Bluff, providing the first such habilitation units in southeast Missouri.

Open the state's first comprehensive community program for persons who are mentally retarded and emotionally disturbed in Kansas City.

Seek permanent funding base, in conjunction with Missouri Planning Council, for genetic counseling services.

Develop with Missouri Planning Council a comprehensive statewide prevention plan.

Develop a formal evaluation of a family's ability to care for developmentally disabled persons in the natural home.



State-operated disability centers

1 Bellefontaine Habilitation Center
2 Higginsville Habilitation Center
3 Nevada Habilitation Center
4 Marshall Habilitation Center
5 St. Louis Developmental Disabilities Center
6 Albany Regional Center
7 Kirksville Regional Center
8 Kansas City Regional Center
9 Joplin Regional Center
10 Springfield Regional Center
11 Rolla Regional Center
12 Poplar Bluff Regional Center
13 Sikeston Regional Center
14 Central Missouri Regional Center
15 St. Louis Regional Center
16 Hannibal Regional Center

The Division of Alcohol and Drug Abuse plans and funds prevention programs and an array of rehabilitation services. In Missouri, an estimated 438,000 residents suffer from alcohol or drug abuse while more than twice as many others -- family, friends and co-workers -- are affected adversely. Federal authorities estimate that substance abuse costs the state more than $2 billion annually in lost earnings, property damage and social welfare costs, not counting the human toll exacted.

Clients, FY 1984: The division funded treatment services for 17,578 clients, or a caseload increase of 10.4 percent from the previous year. The 8,605 clients in early stages of alcohol or drug abuse were served on an outpatient basis. There were 3,918 clients who required residential treatment before moving to outpatient status. Finally, 5,055 needed detoxification before they could take advantage of less intensive rehabilitation.

Funding: Available funding totalled $12.8 million, or 7 percent more than fiscal 1983. Federal sources contributed $5,976,598; the rest came from state general revenue. Government funding covers only what clients cannot afford to pay themselves.

Alcohol and drug abuse

R.B. Wilson, division director

Programs: The division primarily funds services through contracts with community agencies -- non-profit alcohol and drug abuse treatment programs, community mental health centers and hospitals. (See map.) In fiscal 1984, the division contracted with 74 such agencies for the three major types of services:

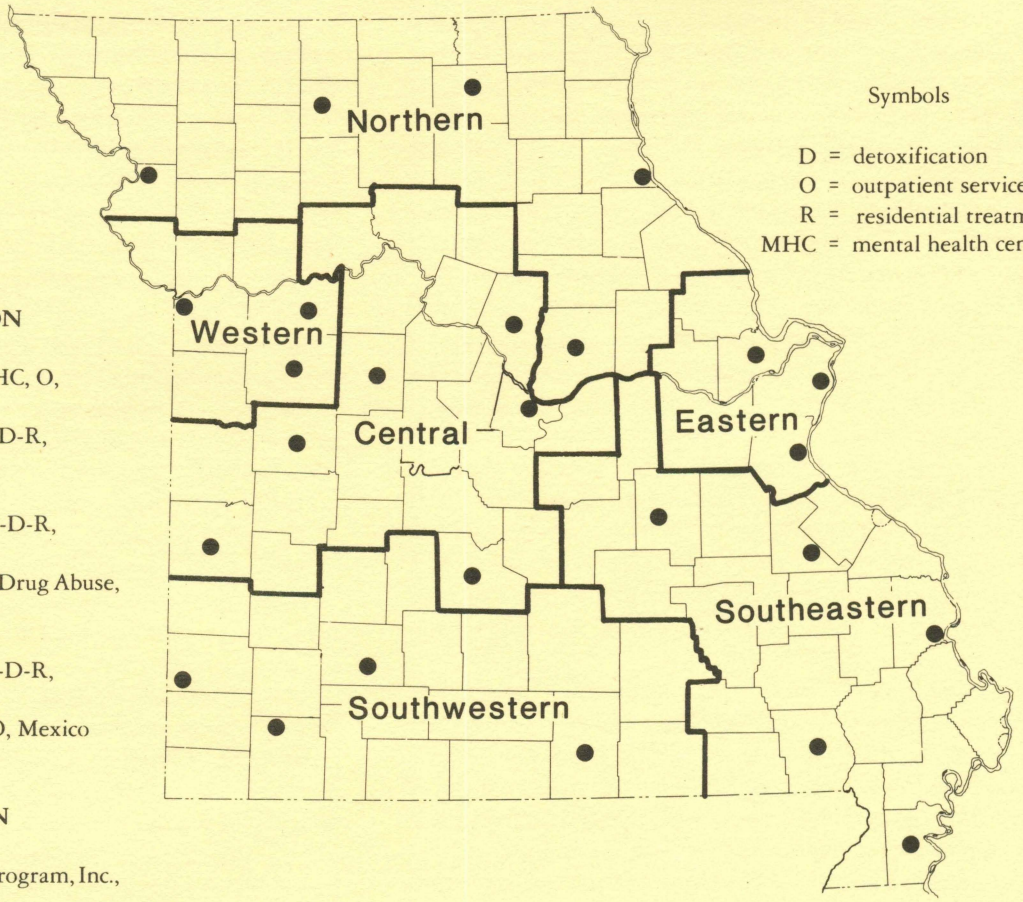
▷ Detoxification programs, which safely and humanely reduce drug levels in the body before clients can take advantage of rehabilitation.
▷ Residential programs, which provide behavioral and other therapies over an extended time period to prepare clients for maintaining sobriety after they return to homes, families and jobs.
▷ Non-residential programs, which offer such specialized services as prevention, information and referral, outreach, outpatient counseling and aftercare.

Certification: According to state law, community agencies receiving state contracts for rehabilitation must obtain certification from the Division of Alcohol and Drug Abuse. Those certification standards are designed to ensure that agencies will operate fiscally and programmatically accountable programs. In fiscal 1984, the greatest certification increase occurred among non-residential or outpatient programs, up 10 from the previous year to 55. Two new certified residential programs brought that total to 49. Detoxification programs increased by nine to 31.

Major accomplishments of FY 1984:
- Issued program certification standards based on the division's comprehensive services model.
- Set uniform standards and began training for alcohol-related traffic offender programs.
- Incorporated training for alcohol and drug abuse treatment staff into University of Missouri-Kansas City curriculum.
- Initiated alcohol and drug abuse curricula for Missouri elementary and secondary schools.
- Began a comprehensive, statewide prevention program for youth.

Major plans for FY 1985:
- Begin a comprehensive adolescent treatment program in the eastern region of Missouri.
- Develop a system to provide incentives for superior performance by contracting agencies.
- Establish programs in central Missouri, St. Charles, Jefferson County, Farmington, Cape Girardeau and other under-served or neglected areas.
- Develop an alcohol-and-drug-abuse counselor certification system.

Public substance abuse treatment agencies



Symbols

D = detoxification
O = outpatient services
R = residential treatment
MHC = mental health center

NORTHERN REGION

Family Guidance Community MHC, O, St. Joseph
Salvation Army Share House, O-D-R, St. Joseph
St. Joseph State Hospital, D-R
North Central Missouri MHC, O-D-R, Trenton
Hannibal Council on Alcohol and Drug Abuse, O-D-R
Mark Twain MHC, O, Hannibal
Transitional Care Center, Inc., O-D-R, Kirksville
East Central Missouri MHC, D-O, Mexico
Serve, Inc., O-D-R, Fulton

WESTERN REGION

Substance Abuse Rehabilitation Program, Inc., O, Higginsville
West Central Missouri MHC, O, Warrensburg
Brighter Tomorrow, Inc., R, Kansas City
Greater Kansas City Mental Health Foundation, R-O
Kansas City Community Center, D-R
Kansas City Drug Abuse Program, O
Renaissance West, Inc., R-O, Kansas City
Rose Brooks Center, Inc., R, Kansas City
Task Force for Women Alcoholics (Jan Clayton Center), R-O, Kansas City
Western Missouri MHC, O, Kansas City
National Council on Alcoholism, O, Kansas City

CENTRAL REGION

Community Counseling Consultants, O-D-R, Clinton
Nevada State Hospital, R
Sedalia Mental Health Center, O
Charles E. Still Hospital, D, Jefferson City
LaCam Counseling Services, O, Lebanon
Life Problems Consultants, O, Jefferson City
Family Counseling Center, Inc., O-D-R, Columbia
Phoenix House of Columbia, R
Front Door Counseling and Youth Center, Inc., R-O, Columbia
Mid-Missouri MHC, O-D-R, Columbia

EASTERN REGION

Bridgeway Counseling Service, R-O, St. Charles
St. Joseph Health Center/Sisters of St. Mary, D, St. Charles
Community Treatment, Inc., O, Festus
D.A.R.T., O, St. Louis
St. Louis Area National Council, O
Substance Habit Services, O, St. Louis
Alcohol Drop-In Center, O, St. Louis
Archway Communities, Inc., R-O, St. Louis
Human Development Corp., O, St. Louis
Magdala Foundation, R-O, St. Louis
Narcotics Service Council, O-D-R, St. Louis
Salvation Army Harbor House, D-R, St. Louis
St. Louis Comprehensive Neighborhood Health Center, O
St. Louis State Hospital, D-R
Citizens Together, Inc., O, St. Louis

SOUTHWESTERN REGION

Barry-Lawrence Mental Health Association, O, Monett
Family Self-Help Center, R-O, Joplin
Ozark Community MHC, O-D-R, Joplin
Burrell Center, Inc., O, Springfield
Lakes Country Rehabilitation Center, R, Springfield
Sigma House of Springfield, Inc., O-D-R
South Central Missouri Rehab Center, Inc., O-D-R, West Plains
Ozarks National Council on Alcoholism, O, Springfield

SOUTHEASTERN REGION

Farmington State Hospital, R
Southeast Missouri Community Treatment Center, D-R, Farmington
New Horizons of Missouri, Inc., O-D-R, Vichy
Family Counseling Center, Inc., O-D-R, Hayti
Shamar Corporation, D-R, Poplar Bluff
Southeast Ozark MHC, O, Poplar Bluff
Cape Girardeau Wiser, Inc., R-O
Southeast Missouri Halfway House, Inc., R, Cape Girardeau
St. Francis MHC, D-O, Cape Girardeau

The supporting cast

The Department of Mental Health's policymaking and budgeting rests upon a planning process and citizens advisory network that allow more Missourians to effect change in services than in any other state agency.

Each year, citizens across the state work with the department's professional staff to construct a three-year action plan that is designed to meet statewide and local needs for services. The "major plans" sections on preceding pages largely are drawn from this grassroots endeavor.

The department has divided the state into six geographic regions each for planning the provision of psychiatric and substance abuse services. Eleven regions -- each with its own regional center -- form the basis of planning habilitation services for the developmentally disabled.

The respective division directors appoint regional councils to represent the interests of each area. These councils have 20 unpaid members, with at least half the roster selected from the ranks of consumers. No more than one-fourth of the membership can have direct ties to the department or to community agencies that hold state contracts.

Citizens have the most direct impact on local services from September to December. The regional councils then are devising plans for the following fiscal year, which begins on July 1. These plans provide an inventory of available public services, assess regional needs and set goals for service development over the next three years.

Regional plans are forwarded to the appropriate state advisory council, which melds the area needs into a statewide plan for service development in conjunction with department officials from January to May.

Both the Missouri Planning Council for Developmental Disabilities -- a federally authorized body -- and the Missouri Advisory Council on Alcohol and Drug Abuse have 25 members, again with half the roster reserved for consumers and restrictions on the background of other members. The Missouri Advisory Council for Comprehensive Psychiatric Services limits membership to 21, with 11 drawn from consumers.

Serving as chairmen of the developmental disabilities council in fiscal 1984 were Emmy McClelland, the parent of a developmentally disabled person from Webster Groves, and then Dr. Donald Killian, a dentist from Bourbon.

Sue Swinger of Caruthersville -- a board member for a substance abuse treatment center -- chaired the alcohol and drug abuse advisory council during the year. Ann Sheehan of St. Louis, a member of the Alliance for the Mentally Ill, headed the psychiatric services state council until replaced by Jerry Winsor of Warrensburg, a Central Missouri State University faculty member and former Mental Health Association of Missouri president.

The department's planning activities are coordinated by the Office of Planning and Quality Assurance, based at the headquarters in Jefferson City. Dr. Lois Pokorny, the deputy director for planning and quality assurance, heads the office, which also holds responsibility for licensing more than 700 agencies that provide care for the mentally retarded and mentally ill. The office conducts licensing activities through branches in Kansas City and St. Louis.

The office also works with local and federal agencies in evaluating the outcome of programs.

Planning and quality assurance stands among five staff offices that provide assistance to the three operating divisions.

The department's Office of Administration, headed by Deputy Director David Roberts, controls the accounting, budgeting, auditing, computer operations, contract management, capital improvements, client resource investigation and other financial tasks facing the agency.

Matching skills and staffing levels to projected caseloads throughout an agency employing more than 10,000 persons falls to the Office of Manpower Management, headed by Deputy Director Reginald Turnbull. Almost all employees are covered by the state merit system. The office coordinates employee relations, operates a professional recruiting program and conducts analyses to increase efficiency.

The Office of Medical Affairs, headed during fiscal 1984 by former Deputy Director Mohammad Akhter, M.D., monitors the provision of highly specialized psychiatric and medical care in department and contract facilities. The office also coordinated the department's nationally recognized hepatitis B infection control program.

The Office of Public Affairs, headed by Deputy Director Randy McConnell, has responsibility for department publications, media liaison and public education activities.

Missouri Department of Mental Health
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Address Correction Requested